



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Immunization Program

February 18, 2009

Important Influenza Vaccine Advanced Ordering Instructions

Dear Vaccines for Children (VFC) Program Participants:

The DHSS Immunization Program has begun preparation for the 2009-2010 influenza season. It is very important for the Immunization program to know how many doses of each influenza vaccine formulation our customers plan to order during the coming flu season.

Below is a list of influenza vaccine formulations recommended for different age groups that will be available through the VFC Program during the 2009-2010 influenza season. Please review these vaccine formulations carefully before completing the enclosed Influenza Vaccine Advanced Order Form. The VFC Program will make every effort to accommodate your request given the availability of the vaccine.

- Preservative-FREE (6-35 months)
- Preservative-FREE (36 months-7 years of age)
- Preservative-containing (8-18 years of age)
- Live Intranasal Preservative-Free (2-18 years of age)

Influenza Advance Ordering and Form Instructions

The Influenza Advanced Order Form is enclosed. Please complete this form to pre-book the influenza vaccine for the 2009-2010 influenza season and fax it to (800) 318-0810. Include the number of doses requested and your preferred formulation.

Contact the Immunization Program at (800) 282-8672 or (302) 744-1060 if you should require additional information regarding the VFC influenza vaccine supply or have questions regarding the advanced ordering process.

MSL/ml
Enclosure



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Immunization Program

VFC Influenza Vaccine Advanced Order Form 2009-2010

Contact: _____ PIN: _____

Facility: _____ Date: _____

Address: _____ Phone: (____) _____ - _____

Email: _____ Fax: (____) _____ - _____

Deliveries Received: ☐ MON From: _____ to _____ ☐ TUE From: _____ to _____ ☐ WED From: _____ to _____
☐ THUR From: _____ to _____ ☐ FRI From: _____ to _____

VFC must receive all orders for the 2009-10 Influenza Season by:

Tuesday, March 31, 2009

Submit one form per facility/PIN for your entire 2009-2010 VFC influenza vaccine supply.

DIRECTIONS: Complete the boxes below with your requested number of doses for influenza vaccine. Base your request on current VFC eligibility criteria (see the box below), the influenza vaccine dosage schedule, and last season's demand. Orders will be limited based on vaccine availability and your facility's patient enrollment. Orders could also be affected by manufacturer/CDC delay or supply. Please keep a copy of your order and your fax confirmation.

VFC Eligibility determined by age <19 years, meeting one or more of the following:

[Medicaid / Medicaid HMOs / No Health Insurance / American Indian or Alaskan Native / Underinsured at FQHCs/RHCs]

All children ages 6 months to 18 years old are recommended to receive flu vaccination.

Vaccine for VFC Patients:	Doses Requested
6 months - 35 months (multiples of 10) - Injectable	
36 months - 7 years of age (multiples of 10) - Injectable	
8 - 18 years of age (multiples of 10) - Injectable	
2 - 18 years of age (multiples of 10) - Intranasal	

Vaccine Information Sheets (VIS)	VIS Requested
English Influenza Vaccine	
Spanish Influenza Vaccine	
English Live Intranasal Vaccine	
Spanish Live Intranasal Vaccine	

YOUR ADVANCED ORDER FOR VFC INFLUENZA VACCINE WILL BE CONFIRMED VIA MAIL OR FAX INDICATING THE TOTAL DOSES YOUR FACILITY WAS APPROVED TO RECEIVE

PLEASE FAX YOUR ORDER TO: (800) 318-0810

Call (800) 282-8672 if you have any questions regarding this form



VFC Office Use Only

RECEIVED:

PROCESSED:

FOLLOW UP:

1st ORDER:

2nd ORDER:

3rd ORDER:

COMPLETED: